

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Matham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P93000086832 (1)**

1. Corporation Name

SAFE COMMUNICATIONS SYSTEMS, INC.



Principal Place of Business

**13602 SW 83RD AVE.
MIAMI FL 33158**

Mailing Address

**13602 SW 83RD AVE.
MIAMI FL 33158**

3. Date Incorporated or Qualified
12/16/1993

3a. Date of Last Report
09/21/1995

2. Principal Place of Business

21. State, Apt. #, etc.

22. City & State

23. Zip

24. Country

2a. Mailing Address

26. State, Apt. #, etc.

27. City & State

28. Zip

29. Country

4. FEI Number
65-0464858

Applied For
Not Applicable

5. Certificate of Status Desired

☒ **\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution

☐ **\$5.00 May Be
Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

**KASSANDRAS, VALERIA
13602 SW 83RD AVE.
MIAMI FL 33158**

10. Name and Address of New Registered Agent

81. Name

82. Street Address (P.O. Box Number is Not Acceptable)

83.

84. City

FL

85. Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. Thereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature of the person who filed this report with the Department of State

Signature of the person who filed this report with the Department of State

DATE

12. OFFICERS AND DIRECTORS

1. NAME

2. STREET ADDRESS

3. CITY, STATE, ZIP

4. TITLE

5. NAME

6. STREET ADDRESS

7. CITY, STATE, ZIP

8. TITLE

9. NAME

10. STREET ADDRESS

11. CITY, STATE, ZIP

12. NAME

13. STREET ADDRESS

14. CITY, STATE, ZIP

15. NAME

16. STREET ADDRESS

17. CITY, STATE, ZIP

18. NAME

19. STREET ADDRESS

20. CITY, STATE, ZIP

21. NAME

22. STREET ADDRESS

23. CITY, STATE, ZIP

24. NAME

25. STREET ADDRESS

26. CITY, STATE, ZIP

27. NAME

28. STREET ADDRESS

29. CITY, STATE, ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE

2. NAME

3. STREET ADDRESS

4. CITY, STATE, ZIP

5. TITLE

6. NAME

7. STREET ADDRESS

8. CITY, STATE, ZIP

9. TITLE

10. NAME

11. STREET ADDRESS

12. CITY, STATE, ZIP

13. NAME

14. STREET ADDRESS

15. CITY, STATE, ZIP

16. NAME

17. STREET ADDRESS

18. CITY, STATE, ZIP

19. NAME

20. STREET ADDRESS

21. CITY, STATE, ZIP

22. NAME

23. STREET ADDRESS

24. CITY, STATE, ZIP

25. NAME

26. STREET ADDRESS

27. CITY, STATE, ZIP

28. NAME

29. STREET ADDRESS

☐ Change ☐ Addition

☒ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath, that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13, or in an attached filing with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/9/96 (20) 232-1580

CR2E034 (12/95)